

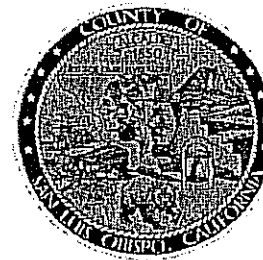
OFFICE OF THE DISTRICT ATTORNEY

County of San Luis Obispo

Gerald T. Shea
District Attorney

Jerrel Gran
Chief Deputy District Attorney

Debra L. Vallely
Director
Economic Crime Unit



BAD CHECK PROGRAM

SUSPECT INFORMATION (PLEASE STAPLE CHECK TO THE TOP OF THIS FORM)	ID # B
Suspect Name:	Case#
Driver's License: _____ State: _____ Phone: _____	
Mailing Address:	
City: _____ State: _____ Zip: _____	
Residence Address:	
City: _____ State: _____ Zip: _____	
Additional Information:	

VICTIM / BUSINESS INFORMATION	Victim #
Victim / Business Name:	Phone:
Address:	
City: _____ State: _____ Zip: _____	Business Location: (City where check was accepted)
Contact Person:	Phone:

WITNESS INFORMATION					
WITNESS NAME:				(Person who accepted check from the suspect)	
Yes	No		Yes	No	
		Did acceptor of this check write or circle suspect ID and license expiration date?			Was there an agreement to hold the check at the time of acceptance?
		Did acceptor of this check witness the check writer signing the check?			Was the check pre or post dated?
		Has partial restitution been accepted? If yes, please explain on back.			Is it a payroll check?
		Can the person who accepted the check identify the suspect?			Was there a stop payment on the check?
		Did the person who received the check know the suspect?			Was the check accepted through the mail?

What efforts were made to contact the suspect to clear check? Please list dates, methods and results: (Use reverse side if necessary) _____

This check is submitted for criminal prosecution. I agree not to accept any restitution from the suspect or his/her agent. I certify that this report is true, accurate, and complete to the best of my knowledge.

Dated: _____ Signature: _____

[DO NOT ACCEPT DIRECT RESTITUTION FROM THE SUSPECT]